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PTO/SB/17 (01-06) Approved for use through 07/31/2006. OMB 0651-0032

T-094 P.002

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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete If Known Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818) 10/044,539 Application Number January 11, 2002 TRANSMITTAI Filing Date Thomas R. Cech, et al. For FY 2006 First Named Inventor Louis D. Lieto Examiner Name Applicant claims small entity status. See 37 CFR 1.27 1632 Art Unit 015389-002630US; 018/212C 500 Attorney Docket No TOTAL AMOUNT OF PAYMENT (\$) METHOD OF PAYMENT (check all that apply) None Other (please identify): Money Order Check Credit Card Geron Corporation 07-1139 Deposit Account Name: Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee ✔ Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) 1 Credit any overpayments WARNING: Information on this form may become public, Credit card information should not be included on this form. Provide credit card under 37 CFR 1.16 and 1.17 information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** SEARCH FEES **FILING FEES Small Entity Small Entity** Small Entity Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Application Type Fee (\$) 200 100 500 250 300 150 Utility 130 65 100 50 Design 200 100 160 80 300 150 200 100 Plant 600 300 150 500 250 300 Reissue 0 Λ 0 200 100 Provisional Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 Each claim over 20 (including Reissues) 100 200 Each independent claim over 3 (including Reissues) 180 360 Multiple dependent claims **Muttiple Dependent Claims** Fee Paid (\$) Total Claims Extra Claims Fee (\$) Fee Paid (\$) Fee (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Fee (\$) Extra Claims Indep, Claims -3 or HP = HP = highest number of independent claims paid for, if greater than 3. If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

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Number of each additional 50 or fraction thereof Fee Paid (\$) Total Sheets (round up to a whole number) X / 50 = Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) 500 Other (e.g., late filing surcharge): Appeal Brief SUBMITTED BY Registration No. Telephone (650) 473-7715 40,253 Signature (Attorney/Agent) Date J. Michael Schiff Name (Print/Type

This collection of information is required by 37 CFR 1.136. The information is required to obtain or rotain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiallty is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313.1450. ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 10/044,539 January 11, 2002 Filing Date TRANSMITTAL First Named Inventor Thomas R. Cech, et al. **FORM** 1632 Art Unit (to be used for all correspondence after initial filing) Louis D. Lieto Examiner Name 015389-002630US; 018/212C Attomey Docket Number Total Number of Pages in This Submission ENCLOSURES (Check all that apply) After Allowance communication to Technology Center (TC) Drawing(s) Fee Transmittal Form Appeal Communication to Board of Appeals and Interferences Licensing-related Papers Fee Attached Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Appeal Brief (____pages)
Proprietary Information Petition Amendment/Reply Petition to Convert to a **Provisional Application** After Final Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(8) Other Enclosure(s) (please Identify below): Terminal Disclaimer (1 page) **Extension of Time Request** Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Remarks Certified Copy of Priority Document(s) ***last page marker (1 page)*** Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm J. Michael Schiff, Registration No. 40,253 Individual name Signature Date CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Typed or printed name MICHAEL SCHIFF

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